

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/617,646

FILED DATE

APPLICANT(S)

| CLAIMS       |          |     |                     |     |                     |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            |          |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
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| 18           |          |     |                     |     |                     |     |
| 19           |          |     |                     |     |                     |     |
| 20           |          |     |                     |     |                     |     |
| 21           |          |     |                     |     |                     |     |
| 22           |          |     |                     |     |                     |     |
| 23           |          |     |                     |     |                     |     |
| 24           |          |     |                     |     |                     |     |
| 25           |          |     |                     |     |                     |     |
| 26           |          |     |                     |     |                     |     |
| 27           |          |     |                     |     |                     |     |
| 28           |          |     |                     |     |                     |     |
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| 31           |          |     |                     |     |                     |     |
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| 33           |          |     |                     |     |                     |     |
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| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| 51           |  |  |  |  |  |  |
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| 86           |  |  |  |  |  |  |
| 87           |  |  |  |  |  |  |
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| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
| 91           |  |  |  |  |  |  |
| 92           |  |  |  |  |  |  |
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| 94           |  |  |  |  |  |  |
| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |